

Enclosure B

**COUNTY RESPONSE COVER PAGE – MUST BE FULLY COMPLETED AND
SUBMITTED WITH PLAN AND DATA**

Tuolumne County is requesting participation in the Enhanced Anti-Fraud Program
and will submit a Plan and Data as described above, by November 1, 2009.

Board of Supervisor Approval

Approved on November 10, 2009, by the County Board of Supervisors

Name of Approver: Teri A. Murrison

Signature 

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ENCLOSURE C

**Tuolumne County In-Home Supportive Services Fraud Detection
and Prevention Plan**

SUMMARY:

The State's Budget Act of 2009 has appropriated \$10 million of state funds for the purpose of program integrity, fraud prevention and detection in the In-Home Supportive Services (IHSS) program. With matching federal and county funds, the total available amount available is \$26.4 million. For Tuolumne County, the state allocation is \$25,402 with federal matching funds of \$20,890. The required matching funds for Tuolumne County are \$8,953. Total amount available for fraud prevention and detection in Tuolumne County is \$55,245. The State is soliciting county proposals to use funds for program integrity activities through June 30, 2010.

BACKGROUND:

On September 30, 2004, the State issued ACIN 1-69-04 (All County Information Notice). This ACIN outlined a number of changes and additions to the In-Home Supportive Services program based on SB 1104, Chapter 229 and Welfare and Institution Code (WIC) Section 12305.71. Included in these changes is the requirement to establish a State and County level Quality Assurance/Quality Improvement (QA/QI) program. The functions of the QA/QI Plan include, but are not limited to:

- Improve the quality of IHSS Services
- Enhance program integrity
- Detect and prevent program fraud and abuse
- Insure consistent assessment standards from county to county

With the passage of the California State Budget Act of 2009 and AB4X4 and 19, language was added to WIC Section 12305.84, to enhance program integrity through fraud prevention and detection in the IHSS program.

The California Department of Social Services Letter dated September 25, 2009 solicits counties to submit a plan to enhance IHSS fraud detection and prevention activities.

Tuolumne County Department of Social Services (TCDSS) will use the enhanced funding for the following:

- Current and proposed Anti-Fraud Activities
- Fraud Detection and Prevention Activities
- IHSS Fraud Referrals
- Overpayment/Underpayment Activities and Data Collection
- Tracking/Reporting IHSS Fraud Data
- Integration with other Program Integrity Efforts
- Collaborative efforts between TCDSS, the District Attorney's (DA) Office, the California Department of Health Care Services (DHCS) and the California Department of Social Services (CDSS)

FRAUD PREVENTION AND DETECTION PLAN:

IHSS Overpayments/Underpayments

Under the County's current QA/QI plan, dated June 1, 2009, the TCDSS QA/QI Coordinator reviews 250 IHSS cases selected randomly per year. Fifty of those case reviews include a face-to-face interview with the IHSS recipient. The QA/QI Coordinator reviews the assessments and casework of the IHSS Social Worker (SW) and Social Worker Assistant.

IHSS Overpayments/Underpayments (OP/UP) will continue to be identified through the QA/QI process as outlined in our QA/QI plan. OP/UP may be discovered during the case review or during the home visit. In addition to fraud, OP/UP can be the result of worker error or the failure of consumers to report changes in their health or household in a timely manner.

Some of the methods intended to reduce OP/UP will include error tracking, staff training, and reinforcement of reporting responsibilities with the IHSS consumer.

Fraud Referral/Outcomes

The TCDSS maintains a Special Investigation Unit (SIU) who interview persons and conduct investigations following receipt of a suspected fraud referral from IHSS Case Managers or staff, or an allegation of suspected fraud from the community.

The SIU-WFI works cooperatively with the IHSS staff and the QA/QI Coordinator to resolve questionable circumstances involving requests for payment of in-home care supportive services.

Under the county's current QA/QI plan, dated June 1, 2009 and TCDSS Manual of Policies and Procedures Section 16-03 dated November, 14, 2005, the TCDSS QA/QI Coordinator refers suspected IHSS fraud to the SIU-Welfare Fraud Investigator (WFI), California Department of Social Services (CDSS), or Department of Health Care Services (DHCS).

IHSS QA/QI staff work closely with the SIU-WFI, DHCS, and the DISTRICT ATTORNEY'S OFFICE. Often, when fraud is suspected either by an IHSS Social Worker, Personal Care Provider Assistant, or QA Staff, the SIU-WFI or DA will be consulted prior to the referral being made. Using this method of triage, the referral will be made to the appropriate agency, department or unit for further investigation.

During the past year, TCDSS discovered two instances of suspected fraud. One involved possible forged timecards. The other involved an independent provider claiming time when the IHSS recipient was in the hospital for six weeks. Both matters were referred to DHCS for investigation. In the second instance, TCDSS staff was able to stop payment on a \$600 paycheck before it was cashed.

Collaborative efforts and Partnerships with DISTRICT ATTORNEY'S OFFICE

The TCDSS SIU-WFI and IHSS QA/QI staff meet with staff from the DISTRICT ATTORNEY'S OFFICE as needed throughout the year to discuss specific IHSS fraud referrals. Staff from the DISTRICT ATTORNEY'S OFFICE will provide training to TCDSS staff related to fraud, as needed.

Collaboration and Partnerships with DHCS and CDSS

TCDSS staff will coordinate and share data with fraud investigators at CDSS and DHCS via e-mail, telephone, in-person, and through written correspondence. TCDSS will follow other directives and protocols as mandated by All County Information Notices, All County Letters or other authority. The TCDSS SIU-WFI has already worked collaboratively with DHCS when IHSS fraud is suspected. These county/state collaborative efforts are vital to ensure that program integrity is maintained.

Mechanism for Tracking and Reporting

All tracking reports are kept in the county's IHSS database. The reports include the following:

- Error rates
- Fraud referrals, outcomes, data and activities
- Overpayment and underpayment activities and data

TCDSS will track and report the outcomes of all fraud referrals to the State by August 1st of each year that the County participates in the Enhanced Fraud Detection and Prevention program.

County's Current and Proposed Anti-Fraud Activities

Our current fraud detection activities include, but are not limited to the following:

1. Fraud Referral
 - Suspected fraudulent activities are reviewed by the QA/QI coordinator, IHSS staff, or SUI-WFI, for referral to the appropriate agency, department or unit.
 - IHSS and QA/QI staff are trained and mandated to report suspected fraudulent activity to DHCS.
 - CMIPS (IHSS database) 300+ Hours Report
IHSS staff monitor the 300+ Hours Report and require the individual providers working with multiple recipients to use sign in/out logs.
2. Timesheet
 - Copies of all time sheets submitted for payment, including signatures, are kept by the payroll unit and any unmatched signatures are forwarded to the QA/QI Coordinator. Time sheets will also be reviewed for accuracy of dates of services and appropriate hours.
4. Data match discrepancies
 - County QA/QI staff receives, resolves, and responds appropriately to claims data match discrepancies or other State level QA/QI and program integrity information that indicates potential overpayments and underpayments for supportive services. This includes death matches for IHSS recipients.

In addition, fraud detection and prevention activities rely heavily on IHSS staff observation (including County In-Home Care Providers) of unusual circumstances and QA/QI staff field and desk reviews.

TCDSS proposed anti-fraud activities will include the following:

1. Data and case reviews:
 - Case files will be reviewed to ensure compliance with documentation requirements
 - Payroll records and time cards will be reviewed for accuracy
2. Targeted fraud detection activities/Unannounced Home Visits:
 - Unannounced home visits will be performed on any case where fraud is suspected. The primary criteria for these unannounced home visits will be questionable time cards or a complaint. A complaint can either be from county staff or the general public.
 - Twelve unannounced home visits will be performed each quarter on a random basis to ensure program integrity and rule out any possible fraudulent activity. If attempts to conduct an unannounced home visit are unsuccessful, the IHSS services will be evaluated for discontinuance.
3. Establish an IHSS Fraud hotline and Marketing materials:
 - The hotline will be routed to the Special Investigative Unit
 - IHSS Fraud Prevention information will be disseminated to the general public, IHSS recipients, and various agencies and organizations who work with the elderly and disabled.
4. New Provider Orientation Training:
 - Pursuant to the State Budget Act of 2009, New Provider Orientation requirements are more extensive. IHSS Staff, QA/QI Staff, the SIU-WFI as well as the local DA will receive new provider orientation training to enhance the efforts of fraud detection and prevention.
5. Other activities may include:
 - Providing written and verbal feedback to county management
 - Compiling and reporting data
 - Meeting with State and other designated staff regarding anti-fraud issues

It is expected that with a greater level of education and the activities as described above, fraudulent activity may be discovered or deterred, ensuring a greater level of program integrity.

County Proposed Budget for Utilization of Funds

See attached Budget Justification

Tuolumne County's Fraud Funding Plan for FY 2009-10

Integration with other Program Integrity Efforts

In addition to the collaborative efforts described in earlier sections of this Plan, IHSS staff works in cooperation with TCDSS Eligibility staff, SIU-WFI, DISTRICT ATTORNEY'S OFFICE, Social Security Administration, and other agencies. Any fraud that affects a person's eligibility for Social Services or Social Security programs will be reported to the appropriate agency, department or unit.

With new requirements pursuant to the State Budget Act of 2009, an orientation for all IHSS consumers and Independent Providers (IP) will be a part of the County's effort to reduce fraud and waste in the IHSS program. Providers of IHSS services will be required to enroll in a face-to-face orientation meeting with county staff.

The mechanics of the IHSS program and what is expected from the IP will be explained during the orientation by county staff. Tasks and the time allowed for each task will be explained. All forms will be reviewed and completed as necessary. Part of the orientation will include information on the prevention of fraud or abuse in the IHSS program, the rights and responsibilities of IPs and IHSS consumers, the "Dos and Don'ts" for an IP and instructions for the completion of the timecard and timesheet. Orientation packets will be given to the IP and IHSS recipient.

Annual Outcomes Report

The Tuolumne County Department of Social Services will submit a final data report to the State by August 1, 2010.

Certification

TCDSS will implement the Fraud Detection and Prevention plan within 60 days of receipt of funds.

Budget Justification

Tuolumne County's Fraud Funding Plan for FY 2009-10

Budget Section	Total
A. Personnel Costs (includes employee benefits)	\$ 55,245
B. Operating Expenses	\$ 0
C. Equipment Expenses	\$ 0
D. Travel/Per Diem and Training	\$ 0
E. Subcontracts and Consultants	\$ 0
F. Other Costs	\$ 0
G. Indirect Expenses	\$ 0
Total Expenses	\$ 55,245

A. Personnel Costs (including employee benefits)	Total Budget
Title: Senior Welfare Fraud Investigator Salary Calculation: \$30,089 Duties Description: Conducts in-house and field investigations relating to suspected fraudulent receipt of In Home Supportive Services programs activities or payment. Obtains and presents facts and evidence to support administrative action or prosecution. Examines case records and files to secure information concerning suspected violations. Negotiates for and secures repayment of funds fraudulently obtained. Prepares correspondence and reports. Keeps accurate records. Works directly with IHSS staff, District Attorney's Office, California Dept of Social Services, Dept of Health Care Services, and other agencies.	\$ 30,089
Title: Social Worker (QA Coordinator) Salary Calculation: \$14,438 Duties Description: Conducts in-house desk reviews and field visits for targeted Quality Assurance cases where fraudulent activity is suspected. Receives, resolves, and responds appropriately to claims data match discrepancies or other program integrity information that indicates overpayments or underpayment for supportive services. Reviews death match information for IHSS recipients and IHSS database 300 + hours reports. Makes referrals to Welfare Fraud Investigator, District Attorney's Office, California Dept of Social Services, or Dept of Health Care Services. Collects and analyzes data for county and state reporting.	\$ 14,438
Title: Social Worker Aide Salary Calculation: \$10,718 Duties Description: Reviews all copies of provider time sheets submitted for payment, including signatures and hours of service. Forwards any unmatched signatures to the QA Coordinator for investigation. Conducts new provider orientation including preparation of marketing materials and fraud information. Keeps accurate records of all case actions. Responsible to oversee the IHSS Hot Line and route information to the Welfare Fraud Investigator for follow-up.	\$ 10,718
Title: Salary Calculation: Duties Description:	\$
Title:	\$

Salary Calculation:	
Duties Description:	
Title:	\$
Salary Calculation:	
Duties Description:	
Total Personnel Costs:	\$ 55,245

B. Operating Expenses	Total Budget
Title:	\$
Description:	
Title:	\$
Description:	
Title:	\$
Description:	
Total Operating Expenses:	\$ 0

C. Equipment Expenses	Total Budget
Title:	\$
Description:	
Title:	\$
Description:	
Title:	\$
Description:	
Total Equipment Expenses:	\$ 0

D. Travel/Per Diem and Training	Total Budget
Title:	\$
Description:	
Title:	\$

Description:	
Title:	\$
Description:	
Total Travel/Per Diem and Training:	\$ 0

E. Subcontracts and Consultants	Total Budget
Title:	\$
Description:	
Title:	\$
Description:	
Title:	\$
Description:	
Total Subcontracts and Consultants:	\$ 0

F. Other Costs	Total Budget
Title:	\$
Description:	
Title:	\$
Description:	
Title:	\$
Description:	
Title:	\$
Description:	
Title:	\$
Description:	
Total Other Costs:	\$ 0

G. Indirect Expenses	Total Budget
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Title: Description:	\$
Title: Description:	\$
Total Other Costs:	\$ 0